RECEIVED CENTRAL FAX CENTER MAR 0 7 2008

Approved for use through better2019, ONE 685-1-0016

U.S. Patest and Tredemark Office; U. S. DEPARTEIENT OF GO MMARCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid CMB control number.

"FEE ADDRESS" INDICATION FORM	
Address to: Mail Stop M Correspondence Commissioner for Patents • OR • P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-5500
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address then the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/126) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR	
1.383 the address essociated with: Customer Number: 68635	
The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (IF INTOWN)	APPLICATION NUMBER
7,100,916	10/637,185
Completed by (check one):	
Applicant/inventor	Signature Signature
Attorney or Agent of record 39,145 (Reg. No.)	Brian R. Coloman Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/98) 3 1	
Assignee recorded at RealFrame	Date
NOTS: Signatures of all the inventors or smalgness of record of the equips interest or their representative(s) are required. Submit multiple forms it more than one algundate is required, see below.	
Total offarms are aubmilled.	
This collection of information is required by 37 CFR 1.363. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO	

This collection of information is recided by 37 CFR 1.583. The information is required to obtain or retain a bosself by the public which is to its General processor or application. Certification by 38 U.S.C. 122 and 57 CFR 1.14 and 1.14. This collection is estimated to take 6 minutes to complete industring prints and a submitting to the complete application form to the USPTO. Then will vary depending upon the institution cause. Any comments on the amount of time you require to complete but form sindler suggestions for including this burden, should be sent to the Chief Information Officer, U.S. Patient and Transmark Office, U.S. Department of Commence, P.C. Gox 1450, Advanced, V.A. 22313-1450, DO NOT BEHO COMPLETED FORMS TO THIS ADDRESS. SEND TO: Multi Stop M Correspondence, Commence for Petents, P.C. Box 1450, Abstractin, V.A. 22313-1460.

You need additional in completing the form, call 1-800-PTC-9183 and select option 2.